PTQ/SB/17 (12-04VZ) Approved for use through 07/31/2006. CMB 0851-0032 U.S. Patent and Trudemark Office; U.S. DEPARTMENT OF COMMERCE Under the Paneount: Reduction Act of 1995, no negence are required to respond to a collection of information unless it displays a valid CMR control motion Complete If Known Effective on 12/09/2004. res puravent to the Consolidated Appropriations Act, 2006 (H.R. 4818). 09/896,211 Application Number RANSM Filing Date 06/29/2001 RECEIVED For FY 2005 Marcel F. C. Schemman First Named Inventor CENTRAL FAX CENTER Examiner Name Nathan M. Curs Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2633 4 2005 US010299 TOTAL AMOUNT OF PAYMENT 910.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Other (please identify): Money Order Deposit Account Name: Deposit Account Deposit Account Number: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.15 and 1.17 WARNING: Information on this form may become public. Credit card information abould not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES** SEARCH FEES **FILING FEES** Small Entity **Small Entity Small Entity** Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) **Application Type** Fee (\$) Fee (\$) 200 100 Utility 300 150 500 250 200 130 65 Design 100 100 50 150 160 200 300 80 Plant 100 600 300 300 500 250 Reissuc 150 0 Provisional 2(X) 100 Small Entity 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description 50 Each claim over 20 (including Reissues) 200 100 Fach independent claim over 3 (including Reissues) 360 180 Multiple dependent claims Multiple Dependent Claims Total Claims Extra Claims <u>Fee (\$)</u> Fee Paid (\$) Fee Peid (\$) Fee (\$) - 20 or HP = HP = highest number of total claims paid for, # greater than 20 Fee Paid (\$) Fee (\$) Extra Ciginia Indep, Claims HP a highest number of independent claims paid for, if greater than 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof (round up to a whole number) X / 60 = 4. OTHER FEEIS Fees Paid (\$) Non-English Specification. \$130 fee (no small entity discount) 910 Other (e.g., Inte filing surcharge): Fee for request for Continued Examination and a one month extension SUBMITTED BY Registration No. 34,374

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